

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 589781

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		3		1		
10		3		1		
11		3		1		
12		1		1		
13		1		1		
14		1		1		
15		3		1		
16		3		1		
17		3		1		
18		1		1		
19		1		1		
20		①		1		
21		①		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		2		1		
28		①		1		
29		①		1		
30		①		1		
31		①		1		
32		①		1		
33		①		1		
34		①		1		
35		①		1		
36		1		1		
37		1		1		
38		1		1		
39		3		1		
40		3		1		
41		1		1		
42		1		1		
43		1		1		
44	1		1			
45		1		1		
46		1		1		
47		2		1		
48		①		1		
49		①		1		
50		①		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		①		1		
52		①		1		
53		①		1		
54		①		1		
55		①		1		
56	1		<del>X</del>			
57		1				
58		1				
59	1		<del>X</del>			
60	1					
61	1		1	1		
62		1		1		
63		2	<del>X</del>			
64		①				
65		①		1		
66		①		1		
67		①		1		
68		①		1		
69		①		1		
70		①		1		
71		①		1		
72		①		1		
73		①		1		
74		①		1		
75		①		1		
76			1			
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6	↓	4	↓		↓
TOTAL DEP.	88	←	67	←		←
TOTAL CLAIMS	44		71			